

Date _____

PATIENT INFORMATION (Please Print)

Name _____ Date of Birth _____ Sex _____

Address _____ City _____ State _____ County _____ Zip _____

Primary phone () _____ Ok to leave messages/send mail: Yes _____ No _____ Language _____

Race: (circle one)
American Indian or Alaskan Native
Asian
Black
Hawaiian Native or Pacific Islander
White
Declined to Answer

Ethnicity: (circle one)
Unknown
Hispanic or Latino
Not Hispanic or Latino
Declined to Answer

AND

PARENT INFORMATION

Mother _____ Email Address _____ SS# _____ DOB: _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Work () _____ Cell () _____
Occupation _____ Employer (company) _____

Father _____ Email Address _____ SS# _____ DOB: _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Work () _____ Cell () _____
Occupation _____ Employer (company) _____

Step-parent _____ Email Address _____ SS# _____ DOB: _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Work () _____ Cell () _____
Occupation _____ Employer (company) _____

Emergency Contact if unable to reach you directly (Other than parents)

Name _____ Relation to Patient _____
Address _____ City _____ State _____ Zip _____
Phone () _____ Work () _____ Cell () _____

Preferred phone contact number for: _____
Medical information: _____
Reminders: _____

INSURANCE INFORMATION

Insurance Carrier _____ Policy Holder _____ DOB _____

Subscriber ID _____ Group # _____ Employer _____

Relationship to patient _____

I consent to treatment of myself/my child for routine medical care, including physical exam, well child care, and vaccinations. (I understand that I have the right to refuse treatment.)
I hereby authorize Community Pediatrics, SC to release to my insurance carrier any information including the diagnosis and record of any treatment or examination. I also authorize and request that Community Pediatrics, SC be paid directly for services rendered. I understand and agree that I am financially responsible for all charges whether or not paid by insurance.

Signature of Parent/Guardian _____
Reason for Guardian Signature _____